

TRANSMITTAL FORM

Application Serial Number	10/619,652
Filing Date	7/15/03
First Named Inventor	Lucas
Group Art Unit	3728
Examiner Name	Not Yet Assigned
Attorney Docket No.	ADI-095
Patent No.	Not applicable
Issue Date	Not applicable

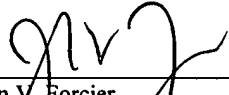
ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input checked="" type="checkbox"/> Copy of Notice to File Missing Parts of Application <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) Associate Power of Attorney
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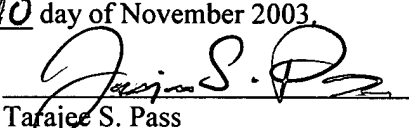
PATENT
Attorney Docket No. ADI-095 (257/61)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Lucas *et al.* CONFIRMATION NO. 7282
SERIAL NO.: 10/619,652 GROUP NO.: 3728
FILING DATE: July 15, 2003 EXAMINER: Not Yet Assigned
TITLE: FULL LENGTH CARTRIDGE CUSHIONING SYSTEM

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

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Tarajee S. Pass

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Sir:

Submitted herewith is/are:

1. Transmittal Form (1 pg)
2. Fee Transmittal (1 pg)
3. Associate Power of Attorney (1 pg)
4. Declaration and Power of Attorney (3 pgs)
5. Copy of Notice to File Missing Parts of Nonprovisional Application (2 pgs)
6. Check in the Amount of \$1,152.; and
7. Return Receipt Postcard

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